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*Effective on 12/08/2004.*
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

# FEE TRANSMITTAL
## For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** ($) 180.00

| *Complete if Known* | |
|---|---|
| Application Number | 10/681,277-Conf. #5977 |
| Filing Date | October 9, 2003 |
| First Named Inventor | Hiroyasu HAMAMURA |
| Examiner Name | S. D. Phu |
| Art Unit | 2618 |
| Attorney Docket No. | 0033-0905P |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|---|---|---|---|---|---|---|---|
| **Application Type** | **Fee ($)** | **Small Entity Fee ($)** | **Fee ($)** | **Small Entity Fee ($)** | **Fee ($)** | **Small Entity Fee ($)** | **Fees Paid ($)** |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

**2. EXCESS CLAIM FEES**

| **Fee Description** | **Fee ($)** | **Small Entity Fee ($)** |
|---|---|---|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| **Total Claims** | **Extra Claims** | **Fee ($)** | **Fee Paid ($)** |
|---|---|---|---|
| 23 - 39 = | | x | = |

HP = highest number of total claims paid for, if greater than 20.

**Multiple Dependent Claims**

| **Fee ($)** | **Fee Paid ($)** |
|---|---|
| | |

| **Indep. Claims** | **Extra Claims** | **Fee ($)** | **Fee Paid ($)** |
|---|---|---|---|
| 8 - 8 = | | x | = |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| **Total Sheets** | **Extra Sheets** | **Number of each additional 50 or fraction thereof** | **Fee ($)** | **Fee Paid ($)** |
|---|---|---|---|---|
| - 100 = | | /50 = (round up to a whole number) x | | = |

**4. OTHER FEE(S)** **Fees Paid ($)**

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

**SUBMITTED BY**

| | | | | | |
|---|---|---|---|---|---|
| Signature | /Scott M. Stevens #37,750 | Registration No. (Attorney/Agent) | 39,491 | Telephone | (703) 205-8000 |
| Name (Print/Type) | Michael R. Cammarata | | | Date | September 27, 2007 |